



State of Connecticut

HOUSE OF REPRESENTATIVES STATE CAPITOL

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Thank you to the chairs, ranking members, and members of the Public Health Committee for receiving this testimony.

Please kill this bill, Senate Bill 1076.

There are many problems with this bill. The first concern that I would like to highlight can be inferred from Section 14(c) which reads as follows:

Any actions taken in accordance with sections 1 to 25, inclusive, of this act, do not, for any purposes, constitute suicide, assisted suicide, euthanasia, mercy killing, homicide, murder, manslaughter, elder abuse or neglect or any other civil or criminal violation under the general statutes.

The above section also appeared in last year's version of this bill. Prior versions from 2013-2021 contained a clause that stated, "The person signing the qualified patient's death certificate shall list the underlying terminal illness as the cause of death." This is a blatant deception that would have been ensconced in law, had it passed.

SB 1076 obfuscates what the cause of death should be listed as in a case of medical "aid in dying." It only lists what the cause of death cannot be. Maybe that is to be resolved administratively after the bill is passed. I suspect that the prior more transparent directive to falsify the death certificate in older versions of the bill likely lead to its demise in the Judiciary Committee.

We need to be clear-headed in what SB 1076 is attempting to legalize. It is an attempt to legalize physician-assisted suicide. Now some would argue that we should have a sovereign right over our own bodies, and that right includes the right to kill ourselves. I am ambivalent in that regard. Even if there is a right to commit suicide, there is not a right to redefine what suicide is and erase all of the attending legal risks to others who may assist in executing that possible right. If we are going to legalize physician-assisted suicide, then let us at least have the courage to call it what it is – “suicide: the action of killing oneself intentionally,” according to my dictionary.

I am a co-introducer of House Bill 5486 which requires that the cause of death by self-administered medications prescribed to bring about death be indicated as “suicide.” If we are going to make a radical change to the laws of the State of Connecticut, let us at least be forthright about what it is that we are doing.

Of course, I would much rather that this bill “die” in committee than it be amended as to cause of death.

There are many other more reasons to “kill” this bill.

The Hippocratic Oath that is taken by physicians dates back 2400 years. It prohibited physician-assisted suicide so that a doctor would focus on preserving the health and life of the patient. The U.S. removed this phrase in 1964, suggesting a change in mindset.

This bill will incentivize suicide as a course of treatment as a means to reduce health insurance costs.

This bill will harm life insurance carriers who cannot charge more or deny coverage to an individual who has signed a request for aid in dying.

These are objective reasons to oppose this bill. Please permit me to give some emotional arguments.

All of us have likely had someone close to us who would qualify for aid in dying under this bill. I submit that my late wife and late mother could have qualified.

In 2012, I lost my first wife of over 24 years to stomach cancer. When first detected, it was stage 4, and she was given 3 months to live. But thanks to my demands for treatment, and to a great physician, she lived 3 years. During those 3 years, there were many precious family times with our two sons, as well as marital reconciliation. This was priceless. A doctor does not know when someone has less than six months to live. It is a guess.

One year ago, I lost my mother at the age of 87. She suffered from advanced dementia, and heart disease. But my father insisted on caring for her at home. She was declining, and would likely have qualified for hospice. One week before she passed, she and my father had lunch at the home of a friend. When my father left the table to retrieve something in the car, my mother said to that friend, “You know, I love that man.” She did not say, and perhaps did not even remember her husband’s name. That night, as he was helping her dress for bed, she passed away in his arms.

I suggest to you that both of these cases were true death with dignity, which may not have occurred had they chosen medical aid in dying.

Our neighbor to the north has embraced medical aid in dying and euthanasia, by which over 10,000 Canadians died by last year, up by about a third from the previous year. Eligibility has expanded beyond those who are terminally ill, to “any adult with a serious, illness, disease or disability.” Those with mental illness and minors are being considered for future eligibility (Source: New York Post, Feb. 24, 2023).

To summarize, here are reasons to oppose physician-assisted suicide:

- It undermines the law pertaining to cause of death
- It undermines the physician-patient relationship
- It undermines health insurance
- It undermines life insurance
- It undermines family relationships
- It leads to ever-expanding diminution of human life

Instead of opening the door to physician-assisted suicide, we need to continue to improve palliative and hospice care, which can greatly reduce suffering as life nears a natural end.

Physician-assisted suicide is not a slippery slope. It is a cliff into an abyss. **Please do not let Connecticut jump into that abyss!**

Sincerely,

A handwritten signature in dark ink that reads "Mark W. Anderson". The script is cursive and fluid, with the first letters of each word being capitalized and prominent.

Mark Anderson
State Representative